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PTO/SB/05 (05-03)

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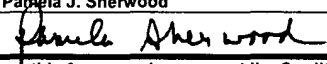
|   |  |                                 |   |  |                    |  |  |
|---|--|---------------------------------|---|--|--------------------|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>   |  | Attorney Docket No.             |   | AGYT-017CIP2   |                    |  |  |
|   |  | First Inventor                  |   | JERECIC, JASNA   |                    |  |  |
|   |  | Title                           | INTERACTION OF NMDA RECEPTOR WITH PROTEIN<br>TYROSINE PHOSPHATASE |  |                    |  |  |
|   |  | Express Mail Label No.          |   | EV334000586US  |                    |  |  |
| <b>APPLICATION ELEMENTS</b>   |  |                                 |   | <b>ADDRESS TO:</b><br>Commissioner for Patents<br>Mail Stop Patent Application<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |                    |  |  |
| SEE MPEP chapter 600 concerning utility patent application contents.  |  |                                 |   |  |                    |  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original and a duplicate for fee processing)</small></p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages: <b>34</b>]</span><br/><small>(preferred arrangement set forth below)</small><br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R &amp; D<br/>-Reference to sequence listing, a table,<br/>or a computer program listing appendix<br/>-Background of the Invention<br/>-Brief Summary of the Invention<br/>-Brief Description of the Drawings (if filed)<br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p><p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Pages: _____]</span></p><p>5. Oath or Declaration <span style="float: right;">[Total Pages: _____]</span><br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><small>(for continuation/divisional with Box 18 completed)</small><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s)<br/>Named in the prior application, see 37 CFR<br/>1.63(d)(2) and 1.33(b)</small></p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission<br/><small>(if applicable, all necessary)</small><br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div> |  |                                 |   |  |                    |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |                                 |   |  |                    |  |  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations<br/>Statement (IDS)/PTO-1449</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122<br/>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br/>or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>  |  |                                 |   |  |                    |  |  |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input checked="" type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: 10/246,837 filed 9/18/2002</p> <p>Prior application information: Examiner: <u>LI, RUIXIANG</u>    Group Art Unit: <u>1646</u></p> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>   |  |                                 |   |  |                    |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |                                 |   |  |                    |  |  |
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| Name  |  | BOZICEVIC, FIELD & FRANCIS LLP  |   |  |                    |  |  |
| Address   |  | 200 Middlefield Road, Suite 200 |   |  |                    |  |  |
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| Country   |  | United States of America        | Telephone   | (650) 327-3400   | Fax (650) 327-3231 |  |  |
| Name  |  | Pamela J. Sherwood              |   | Registration No. (Attorney/Agent) 36,677   |                    |  |  |
| Signature   |  |                                 |   | Date August 1, 2003  |                    |  |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|--|-----------------------|---|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|------------------------|--------------------|-----------|--------------------|-----|-------------------------------------|------|-------------------|------|------|---------------------------------------|--|-----|------------------|-----|--|------|---------------------------|------|--------------------|--|------------------------|-------|--|----|------------------------|------|---------------------|------|---|--|------|------------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|
| <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>   |                       |   |                       | Application Number  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|  |                       |   |                       | Filing Date   |                       | Herewith (08-01-2003) |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|  |                       |   |                       | First Named Inventor  |                       | JERECIC, JASNA        |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|  |                       |   |                       | Examiner Name   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       |   |                       | Art Unit  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT  |                       | (\$ 417)  |                       | Attorney Docket No.   |                       | AGYT-017CIP2          |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |                       |   |                       | FEE CALCULATION (continued)   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number 50-0815<br>Deposit Account Name Bozicevic, Field & Francis LLP<br><b>The Commissioner authorized to: (check all that apply)</b><br><input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.  |                       |   |                       | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examination action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1406</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> |                       |                       |                       | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid               | 1051               | 130       | 2051               | 65  | Surcharge - late filing fee or oath |      | 1052              | 50   | 2052 | 25                                    | Surcharge - late provisional filing fee or cover sheet |     | 1053             | 130 | 1053   | 130  | Non-English specification |      | 1812               | 2,520  | 1812                   | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804                   | 920* | 1804                | 920* | Requesting publication of SIR prior to Examination action |  | 1805 | 1,840*     | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1406 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description   | Fee Paid              |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1051   | 130                   | 2051  | 65                    | Surcharge - late filing fee or oath   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1052   | 50                    | 2052  | 25                    | Surcharge - late provisional filing fee or cover sheet  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1053   | 130                   | 1053  | 130                   | Non-English specification   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1812   | 2,520                 | 1812  | 2,520                 | For filing a request for <i>ex parte</i> reexamination  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1804   | 920*                  | 1804  | 920*                  | Requesting publication of SIR prior to Examination action   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1805   | 1,840*                | 1805  | 1,840*                | Requesting publication of SIR after Examiner action   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1251   | 110                   | 2251  | 55                    | Extension for reply within first month  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1252   | 410                   | 2252  | 205                   | Extension for reply within second month   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1253   | 930                   | 2253  | 465                   | Extension for reply within third month  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1254   | 1,450                 | 2254  | 725                   | Extension for reply within fourth month   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1255   | 1,970                 | 2255  | 985                   | Extension for reply within fifth month  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1401   | 320                   | 2401  | 160                   | Notice of Appeal  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1402   | 320                   | 2402  | 160                   | Filing a brief in support of an appeal  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1403   | 280                   | 2403  | 140                   | Request for oral hearing  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1451   | 1,510                 | 1451  | 1,510                 | Petition to institute a public use proceeding   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1452   | 110                   | 2452  | 55                    | Petition to revive - unavoidable  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1453   | 1,300                 | 2453  | 650                   | Petition to revive - unintentional  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1501   | 1,300                 | 2501  | 650                   | Utility issue fee (or reissue)  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1502   | 470                   | 2502  | 235                   | Design issue fee  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1503   | 630                   | 2503  | 315                   | Plant issue fee   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1406   | 130                   | 1460  | 130                   | Petitions to the Commissioner   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1807   | 50                    | 1807  | 50                    | Processing fee under 37 CFR 1.17(q)   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1806   | 180                   | 1806  | 180                   | Submission of Information Disclosure Stmt   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 8021   | 40                    | 8021  | 40                    | Recording each patent assignment per property (times number of properties)  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1809   | 750                   | 2809  | 375                   | Filing a submission after final rejection (37 CFR § 1.129(a))   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1810   | 750                   | 2810  | 375                   | For each additional invention to be examined (37 CFR § 1.129(b))  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1801   | 750                   | 2801  | 375                   | Request for Continued Examination (RCE)   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1802   | 900                   | 1802  | 900                   | Request for expedited examination of a design application   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |                       |   |                       |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>375</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>375</b></td></tr> </tbody> </table> |                       |   |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description       | Fee Paid              | 1001                  | 750                   | 2001            | 375                    | Utility filing fee | 375       | 1002               | 330 | 2002                                | 165  | Design filing fee |      | 1003 | 520                                   | 2003   | 260 | Plant filing fee |     | 1004   | 750  | 2004                      | 375  | Reissue filing fee |  | 1005                   | 160   | 2005   | 80 | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      |   |  |      | <b>375</b> |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description   | Fee Paid              |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1001   | 750                   | 2001  | 375                   | Utility filing fee  | 375                   |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1002   | 330                   | 2002  | 165                   | Design filing fee   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1003   | 520                   | 2003  | 260                   | Plant filing fee  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1004   | 750                   | 2004  | 375                   | Reissue filing fee  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1005   | 160                   | 2005  | 80                    | Provisional filing fee  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |                       |   |                       |   | <b>375</b>            |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>19</td> <td>-20** = 0</td> <td>x =</td> </tr> <tr> <td>Indep. Claims</td> <td>4</td> <td>-3** = 1</td> <td>x 42 = 42</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table>  |                       |   |                       |   | Extra Claims          | Fee from below        | Fee Paid              | Total Claims          | 19                    | -20** = 0             | x =                   | Indep. Claims   | 4                      | -3** = 1           | x 42 = 42 | Multiple Dependent |     |                                     | =    |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|  | Extra Claims          | Fee from below  | Fee Paid              |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Total Claims   | 19                    | -20** = 0   | x =                   |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Indep. Claims  | 4                     | -3** = 1  | x 42 = 42             |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent   |                       |   | =                     |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) \$</b></td></tr> </tbody> </table>             |                       |   |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description       | 1202                  | 18                    | 2202                  | 9               | Claims in excess of 20 | 1201               | 84        | 2201               | 42  | Independent claims in excess of 3   | 1203 | 280               | 2203 | 140  | Multiple dependent claim, if not paid | 1204   | 84  | 2204             | 42  | ** Reissue independent claims over original patent | 1205 | 18                        | 2205 | 9                  | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) \$</b> |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1202   | 18                    | 2202  | 9                     | Claims in excess of 20  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1201   | 84                    | 2201  | 42                    | Independent claims in excess of 3   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1203   | 280                   | 2203  | 140                   | Multiple dependent claim, if not paid   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1204   | 84                    | 2204  | 42                    | ** Reissue independent claims over original patent  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1205   | 18                    | 2205  | 9                     | ** Reissue claims in excess of 20 and over original patent  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2) \$</b>   |                       |   |                       |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above.  |                       |   |                       |   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (3) (\$)</b>   |                       |   |                       | *Reduced by Basic Filing Fee Paid   |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| SUBMITTED BY   |                       |   |                       | Complete (if applicable)  |                       |                       |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Name (Print/Type)  |                       | Pamela J. Sherwood  |                       | Registration No. (Attorney/Agent)   |                       | 36,677                |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Signature  |                       |  |                       | Telephone   |                       | (650) 327-3400        |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|  |                       |   |                       | Date  |                       | 08/01/2003            |                       |                       |                       |                       |                       |                 |                        |                    |           |                    |     |                                     |      |                   |      |      |                                       |  |     |                  |     |  |      |                           |      |                    |  |                        |       |  |    |                        |      |                     |      |   |  |      |            |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |

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